

State File No. **14361**

FILED APR 26 1936

14361

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6018</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN _____		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DANBY MO STAL ROUTE</u>				f. STREET ADDRESS (If rural, give location) <u>DANBY MO STAL ROUTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) _____ c. (Last) <u>BURGER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21 1955</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 11 1883</u>	
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE WHISTLEBERGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARDALENA WHISTLEBERGER</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH BURGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Burger Danby Mo Stal Route</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>30</u> , to <u>April 21</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>April 15</u> , 19 <u>55</u> , and that death occurred at <u>6:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur E. J. Jones M.D.</u>				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>4-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 25 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PHILomena</u>		24d. LOCATION (City, town, or county) (State) <u>BLOOMSBURG MO</u>	
DATE REC'D BY LOCAL REG. <u>4/23/1955</u>		REGISTRAR'S SIGNATURE <u>Lucille Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Baker St. Genevieve Mo</u>			


(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 474

P. O. Address St. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.